



**Appointment of Director**

Company Name: **Because Experiential Marketing Ltd**

Company Number: **06721570**



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## **New Appointment Details**

Date of Appointment: **01/12/2018**

Name: **MR GRAHAM TIMOTHY WALL**

The company confirms that the person named has consented to act as a director.

Service Address: **39 HIGH STREET  
ASCOT  
BERKSHIRE  
UNITED KINGDOM  
SL5 7HY**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/04/1977**

Nationality: **BRITISH**

Occupation: **CHIEF EXECUTIVE OFFICER**

## Authorisation

### Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor